NOTICE OF FEE DUE

DATE	10-04-0	7			
TO:	Sissue	Fee	·		
FROM	Office of Initial Pa	tent Examination	1		
SUBJECT:	Fee Due				
APPLICATION	N NUMBER 101	1713, 820	-		
Office for the	or the attached docu following reason. F to charge a deposit a see. If an authorization	Please check the a account. If an au	application to thorization is	or the appropriation of the second of the se	te charge the
Insufficien	nt fee by check			·	
Insufficien	nt funds in deposit amo	ount			
Declined c	redit card				
Non-autho	rization for charge to	deposit account			
☐ No fee sub	mitted per requiremer	nt			_
	code: <u>250 /</u>		amount	\$ 683	
The suspended	fee code: 1999 / 52	96	amount	\$ 663	<u></u>
Fee Due			amount	=\$	
If you have any	questions, please con	tact Cynthia Stream	ter at 703-306	-5430 or	
Eleanor Kurtz 7	03-308-3642				•